

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	J. G.		3/12/99
O.I.P.E. CLASSIFIER			3/10/99
FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	5 3 11 95
2	00 04 02 00 04
3	
4	✓
5	0
6	✓
7	
8	
9	
10	✓
11	0
12	✓
13	✓
14	✓ (3) - ✓
15	N
16	✓ ✓ - ✓
17	✓ ✓ - ✓
18	✓ ✓ - ✓
19	✓ ✓ - ✓
20	N
21	1
22	1
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46	
47	N
48	✓ N - ✓
49	✓ N / ✓
50	✓ ✓ = ✓

BEST AVAILABLE COPY

Claim	Date
1	5 4 12 95
2	02 02 02 02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here